

N. Fitzgerald

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

Minutes of Meeting Relative to use of Bunker Hill Health
Center for Mental Health Nursing 1974-1975

Date: Friday, June 21, 1974

Hour: 11 - 12 noon

Place: Bunker Hill Health Center, 73 High Street, Charlestown, Mass.

Present: Dr. Barbara Burns and Dr. Alan Jacobson of Bunker Hill Health Center;
Susan McPherson, Helen Sherwin and Richard Tierney of Massachusetts General
Hospital School of Nursing

Purpose of meeting: To explore further the possibility of use of the Center for a
few students in Mental Health Nursing in 1974-1975, and to become acquainted for some
of the personnel

Mrs. McPherson explained the wish of the school to emphasize further, for at least a
few students, the community health concepts, especially as demonstrated about mental
health, in the clinical learning experiences of this course (actually, throughout the
curriculum).

Dr. Burns and Dr. Jacobson (who has worked regularly and often with the Student
Personnel Services and so knows the school of nursing from one point of view)
described the schedule and variety of activities in the mental health center--people
with drug problems, antepartum patients, older people, etc. The opportunities for
integration of mental health concepts through the the curriculum are many; there are
realistic problems related to the contrasts in the schedule at the Center and at the
School of Nursing.

The suggestion was finally made that perhaps three students, accompanied by an
instructor (Mrs. McPherson) who might herself be working with patients, might be
assigned to the Center for three days each week. The school pattern in this course
has been Mondays, Tuesdays, and Fridays in the clinical area, with Wednesdays and
Thursdays as class days at MGH. Some adjustment of this pattern for so small a group
could be arranged if necessary.

Although no decisions were made at the end of this conference, the school faculty did
feel encouraged and welcomed. Mrs. McPherson planned to spend a full day* at the
Center during the following week, in order to become better acquainted with its
activities and possibilities.

Although the ratio of three students to one instructor is luxurious, it is possible
that a larger number might be placed at the Center in 1975-1976 as both sides become
better acquainted with potentials.

Helen Sherwin
Acting Secretary

HS:pg
7/22/74

P.S. *S. McPherson on her return visit spent her time in the day program, participating
in the meetings, activities and luncheon of the program. She saw many opportunit-
ies for student involvement. Particularly pleasing was the freedom of movement
observed as patients and staff went out into the surrounding neighborhood (1) to
get some food (on two occasions) (2) to return home for a forgotten object (3)
to take walks.

N. Litzold

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Handwritten notes:
To Study
HARV
Pep
Feldman
F. P. Powers
Should
Consent

July 16, 1974

July 17, 1974

Mr. John Pender
Administrator
Bunker Hill Health Center
73 High Street
Charlottesville, VA 22902

TO: Miss Ruth Farrissey, Executive Director of the Clinics
FROM: Mrs. Thelma Powers, Chairman, Nursing Care of the Ambulatory Patient
SUBJECT: Student assignments to Bunker Hill Health Center and Chelsea Health Center

Dear Miss Farrissey:

The faculty of Nursing Care of the Ambulatory Patient are considering ways in which student experiences can be enriched. One of the possibilities we have considered would be to assign to the Bunker Hill Health Center and to the Chelsea Health Center a total of four students (two to each agency) each rotation. A faculty member, Mrs. Ann Pirog, would be assigned with these students. She would assume responsibility to work with the agency staff to select the student case load and have the major responsibility for students during their clinical assignment.

Dr. Barbara Burns, Dr. Alan Jacobson of the Center, and Susan McPherson, Richard Tierney and myself from the School of Nursing. It should include

CC: Miss Natalie Petzold
Miss Dorothy Mahoney
Mr. Richard Tierney

Bunker Hill Health Center agrees to make available
of Nursing selected mental health clinical facilities to be
used for educational purposes. The time periods for
orientation and clinical experience during the school year
1974-1975 are as follows:

September 3, 1974-November 8, 1974; November 18,
1974-December 20, 1974 and January 6, 1975-February
7, 1975; February 17, 1975-April 25, 1975; May 5,
1975-July 11, 1975.

2. The School of Nursing will provide a competent instructor who shall be a well-qualified, registered professional nurse. The ratio of instructor to students during 1974-1975 shall be one instructor to three students.

2

1957 12 17

TO: Miss Ruth Partridge, Executive Director of the Clinics
FROM: Mrs. Thomas Powers, Chairman, Nursing Care of the Ambulatory Patient
SUBJECT: Student assignments to Barker Hill Health Center and
Chesapeake Health Center

Dear Miss Partridge:
The faculty of Nursing Care of the Ambulatory Patient are considering ways
in which student experience can be enriched. One of the possibilities we
have considered would be to assign to the Barker Hill Health Center and to the
Chesapeake Health Center a total of four students (two to each agency) each rotation.
A faculty member, Mrs. Ann Price, would be assigned with these students.
She would assume responsibility to work with the agency staff to select the
student case load and have the major responsibility for students during their
clinical assignments.

CC: Miss Natalie Potof
Miss Dorothy Mahoney
Mr. Richard Thayer

J. Shubin
for NPetold ✓

prep folder
Bunker Hill Health Center

3. Prior to the educational experience, and continuous with it, there shall be close planning between the Bunker Hill Health Center staff and the School of Nursing instructor. Conferences shall be arranged, as necessary, for evaluating the learning experience.

July 16, 1974

4. In emergency health situations the school of nursing shall be notified immediately so that the student can be transferred to the required facility.

Mr. John Pender
Administrator
Bunker Hill Health Center
73 High Street
Charlestown, MA 02129

Sincerely yours,

Dear Mr. Pender:

According to our telephoned conversation just now, I do understand that the Center, like the School of Nursing, is a department of the Massachusetts General Hospital and that a detailed contract seems therefore not necessary. Since we have been asked to document a formal agreement, I should be grateful for your writing a confirming letter to:

Miss Natalie Petzold
Director, School of Nursing
Massachusetts General Hospital
Boston, MA 02114

This has to do with use of the Center by the School of Nursing for a few of its students in the course, Mental Health Nursing, in the school year 1974-1975. At the suggestion of Ruth Farrissey, this agreement was reached after several visits and conferences with Dr. Barbara Burns, Dr. Alan Jacobson of the Center, and Susan McPherson, Richard Tierney and myself from the School of Nursing. It should include the following information:

1. The Bunker Hill Health Center agrees to make available to the students of the Massachusetts General Hospital School of Nursing selected mental health clinical facilities to be used for educational purposes. The time periods for orientation and clinical experience during the school year 1974-1975 are as follows:

September 3, 1974-November 8, 1974; November 18, 1974-December 20, 1974 and January 6, 1975-February 7, 1975; February 17, 1975-April 25, 1975; May 5, 1975-July 11, 1975.

2. The School of Nursing will provide a competent instructor who shall be a well-qualified, registered professional nurse. The ratio of instructor to students during 1974-1975 shall be one instructor to three students.

July 16, 1974

Handwritten notes:
Mr. J. J. [unclear]
Mr. J. J. [unclear]
[unclear]
[unclear]
[unclear]

Mr. John [unclear]
Administrator
Bunker Hill Health Center
75 High Street
Charleston, MA 02113
Dear Mr. [unclear]:

According to our telephone conversation [unclear] last week, I do understand that the Center, like the School of Nursing, is a department of the Massachusetts General Hospital and that a detailed contract seems therefore not necessary. Since we have been asked to document a formal agreement, I should be grateful for your writing a confirming letter to:

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file 242

Inter-Office Communications

3. Prior to the educational experience, and continuous with it, there shall be close planning between the Bunker Hill Health Center staff and the School of Nursing instructor. Conferences shall be arranged, as necessary, for evaluating the learning experience.

To: N. Pender

From: R. Tierney

Re: 4. In emergency health situations the school of nursing shall be notified immediately so that the student can be transferred to the required facility.

Sincerely yours,

In a series of telephone discussions, Helen Sherwin, Administrator, Bunker Hill Health Center, and John Pender, Administrator, Bunker Hill Health Center, discussed the request for placement of students at the Bunker Hill Health Center in the area of Ambulatory Care in Mental Health Nursing, the request for placement of students for clinical experience in Nursing Care of the Ambulatory Patient was given some attention.

HS:pg

At this time, Mr. Pender states that he must deny the School's request for placement of students in the area of Ambulatory Care beginning September 1974. The primary reason for denying the request for clinical experience is the educational costs he sees being attached to his budget as a result of the student placement; a cost which he prefers not to appear on his budget. This is one budgetary item of concern to Mr. Pender, but one he feels underlines the denial for request for student experience.

Mr. Pender stated he supported the presence and involvement of student nurses at Bunker Hill and felt placement is not a closed matter. It is possible that the School's request could be considered later in the year, once he is able to resolve his budget concerns.

Students in Mental Health Nursing, because plans for placement for clinical experience had been formalized (excepting a letter of agreement from Mr. Pender to the School) mid-July, will be at Bunker Hill for School year 1974-1975.

Richard Tierney,
Coordinator for Program Development
and Educational Resources

RT:BY

3. Prior to the educational experience, and continuing with it, there shall be close planning between the Public Health Center staff and the School of Nursing instructor. Conferences shall be arranged, as necessary, for evaluating the learning experience.

file 242

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING
Inter - Office Communications

To: N. Petzold, D. Mahoney, T. Powers

From: R. Tierney

Re: Request for Nursing Care of the Ambulatory Patient Clinical Experience at Bunker Hill Health Center Date: August 2, 1974

In a series of telephone discussions with Mr. John Pender, Administrator, Bunker Hill Health Center regarding the placement of students at the Bunker Hill Health Center for clinical experience in Mental Health Nursing, the request for placement of students for clinical experience in Nursing Care of the Ambulatory Patient was given some attention.

At this time, Mr. Pender states that he must deny the School's request for placement of students in the area of Ambulatory Care beginning September 1974. The primary reason for denying the request for clinical experience is the educational costs he sees being attached to his budget as a result of the student placement; a cost which he prefers not to appear on his budget. This is one budgetary item of concern to Mr. Pender, but one he feels underlines the denial for request for student experience.

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*file
up*

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING
Inter - Office Communications

To: N. Petzold, H. Sherwin

From: R. Tierney

Re: Mental Health Nursing Clinical Experience
at Bunker Hill Health Center

Date: August 2, 1974

Much of Friday, August 2, 1974 was spent by me on the telephone with Mr. John Pender, Administrator, Bunker Hill Health Center and Mr. Joseph McCue, Comptroller at Massachusetts General Hospital trying to negotiate the planned Mental Health Nursing student(s) experience at Bunker Hill in light of the controversy surrounding educational costs and to whose budget they should be applied.

Throughout the discussions, the support of students being involved at Bunker Hill Health Center was strongly evident, favored by Mr. Pender and Mr. McCue. The reasons for such negotiations was, again, matters of budgeting educational costs and whether or not the reflection of indirect costs for student nurse education (or other educational costs) should or could be directed to some other area other than the Health Center's budget.

Since the plan for placement of students had all been finalized, but by a letter of agreement, Mr. McCue made the decision that the planned Mental Health Nursing experience would be recognized for the School year 1974-1975, with the decision for allocation of costs being made at a later date. Mr. Pender accepted the above decision and agreed to the placement of students at Bunker Hill for the Mental Health experience for the full School year; and an expressed intent of following up with Dr. Sanders on matters related to budget charges.

I did request of Mr. Pender that he respond to H. Sherwin's letter of July 16, 1974 to document a formal agreement regarding placement of students for Mental Health experience at Bunker Hill. He assured me that a letter would be in the mail immediately.

Richard Tierney,
Coordinator for Program Development
and Educational Resources

RT:EY

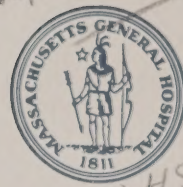


Bunker Hill Flag 1775

Bunker Hill Health Center
of the
Massachusetts General Hospital

73 High Street
Charlestown, Massachusetts 02129

Andrew D. Guthrie, Jr., M.D.
Executive Director



Area Code 617
Telephone 241-8800

*copy to HST
RT.*

AUG 12 1974

August 9, 1974

Miss Natalie Petzold
Director, School of Nursing
Massachusetts General Hospital
Boston, Massachusetts 02114

Dear Miss Petzold:

This letter is to confirm the verbal agreement that:

1. The Bunker Hill Health Center agrees to make available to the students of the Massachusetts General Hospital School of Nursing selected mental health clinical facilities to be used for educational purposes. The time periods for orientation and clinical experience during the school year 1974-1975 are as follows:

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2. The School of Nursing will provide a competent instructor who shall be a well-qualified, registered professional nurse. The ratio of instructor to students during 1974-1975 shall be one instructor to three students.
3. Prior to the educational experience, and continuous with it, there shall be close planning between the Bunker Hill Health Center staff and the School of Nursing instructor. Conferences shall be arranged, as necessary, for evaluating the learning experience.
4. In emergency health situations the school of nursing shall be notified immediately so that the student can be transferred to the required facility.
5. The Bunker Hill Health Center will not incur any direct expenses based on this agreement.

Miss Petzold
Page 2
August 9, 1974

We look forward to the School of Nursing becoming a strong contribution^{on} to the goals of the health center.

Very truly yours,

John M. Pender
John M. Pender
Administrator

jeh
cc: Barbara Burns

Bunker Hill Health Center



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year 1974-1975 the question of allocation of indirect educational costs would not prevent our working out this agreement with you. We feel that the students and faculty can and do make a fine contribution to the quality of health care in agencies which are affiliated. We are most anxious to do the same for the patients and staff at the Bunker Hill Health Center Mental Health facilities and look forward to working with you and your staff in this regard.

I thank you and your staff for making this agreement possible.

August 27, 1974

Sincerely yours,

Mr. John M. Pender
Administrator
Bunker Hill Health Center
73 High Street
Charlestown, Massachusetts 02129

Dear Mr. Pender:

I am writing to acknowledge your letter of August 12 and also to confirm the agreement relative to the placement of some of our Junior students, with a qualified member of our faculty, at the Bunker Hill Health Center for experiences in Mental Health during the school year 1974-1975.

Let me say first of all how very pleased I am that our students could be accommodated. We certainly hope and expect that they will make a positive contribution in helping to achieve the goals of the Bunker Hill Health Center as they achieve the goals of their educational program. I know that Mrs. MacPherson, the course Chairman and faculty member assigned to the Bunker Hill Health Center and Miss Sherwin and Mr. Tierney, Coordinators, will all do their utmost, as will I, to make this a mutually beneficial and productive arrangement. Please be in touch with us should you have any questions or concerns.

I did want to say also that the School of Nursing does not charge direct expenses to any of the clinical agencies utilized for student experiences, nor would we plan to do so. (This is in reference to item #5 in your letter of agreement.) As you know, the School is charged for the salary of the instructor, and students are responsible for costs of transportation, meals and so forth.

I believe that you have already discussed with Mr. McCue in the Accounting Department your concerns and questions about the allocation of indirect costs of educational programs. This, as you realize, is a matter beyond my control and I was encouraged to learn that for the school

- | | |
|-------------------|---------------------------|
| John Pender, M.D. | Virginia Woolley, M.D. |
| John Pender | Virginia Williams, L.F.N. |
| John Pender | Sam Wilson, M.D. |
| John Pender, M.D. | Harry Wilson, M.D. |
| John Pender | Frank Rodgers |
| John Pender | Lucy Scott |
| John Pender, M.D. | Art Smith, M.D. |

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Bunker Hill Health Center



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I thank you and your staff for making this agreement possible.

TO: Ms. Natalie Petzold, R.N.
Director of School of Nursing
Massachusetts General Hospital

Sincerely yours,

FROM: Barbara J. Burns, Ph.D.
Chief, Community Mental Health Services
Bunker Hill Health Center of the Massachusetts
General Hospital

Natalie Petzold, R.N.
Director of the School of Nursing

cc: H. Sherwin
R. Tierney

DATE: September 13, 1974

RE: Materials from the Bunker Hill Health Center for accreditation status from the National League for Nursing

I have attempted to respond to the items in your July 16, 1974, memo. The MGH School of Nursing, Psychiatry Training is not occurring in a department of nursing here, thus some of the items are not directly applicable to the report questions. The nursing training is occurring within the Community Mental Health Services Unit of the Bunker Hill Health Center. Material is included both about the specific unit and the Health Center as a whole. Since this is the first year that the Health Center has participated in training MGH nursing students some of the responses pertain to past experience in training other mental health disciplines.

1. The Bunker Hill Health Center is an outpatient department of the Massachusetts General Hospital and operates under MGH accreditation. The program is housed in a City of Boston four-story Robert White building which meets state inspection standards.
2. The director of the health center is Andrew Guthrie, M.D. and mental health staff who have contact with the nursing students include:

Carol Broker, M.A.
Barbara J. Burns, Ph.D., Chief
Michael Finkle
Mary Finnegan, M.S.W.
*Chris Goetz, R.N.
Cathy Goldwater
Helen Herzan, M.D.
Alan Jacobson, M.D.
Jerry Lipka
Jeanne Martin
Susan McPherson, R.N.
Janice Murphy
Paul O'Leary
Thomas Panowicz, M.A.

Darrel Regier, M.D.
Ellen Sherman, M.S.W.
Henry Sikkema, M.S.W.
Adelaide Smith, M.S.W.
Alice Valle, M.B.
Linda Wasserman, Ph.D.
Joan Weinstein, M.S.W.
Virginia Whooley, M.S.W.
*Bernice Williams, L.P.N.
Ann Winton, Ph.D. Cand.
Barry Zitin, M.D.
Fran Rodgers
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side



Bunker Hill Flag 1775

*Bunker Hill Health Center
of the*



Massachusetts General Hospital SEP 17 1974

Andrew D. Guthrie, Jr., M.D.
Executive Director

73 High Street
Charlestown, Massachusetts 02129

Area Code 617
Telephone 241-8800

TO: Ms. Natalie Petzold, R.N.
Director of School of Nursing
Massachusetts General Hospital

FROM: Barbara J. Burns, Ph.D.
Chief, Community Mental Health Services
Bunker Hill Health Center of the Massachusetts
General Hospital

DATE: September 13, 1974

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 Cathy Goldwater
 Helen Herzan, M.D.
 Alan Jacobson, M.D.
 Jerry Lipka
 Jeanne Martin
 Susan McPherson, R.N.
 Janice Murphy
 Paul O'Leary
 Thomas Panowicz, M.A.

Darrel Regier, M.D.
 Ellen Sherman, M.S.W.
 Henry Sikkema, M.S.W.
 Adelaide Smith, M.S.W.
 Alice Valle, M.D.
 Linda Wasserman, Ph.D.
 Joan Weinstein, M.S.W.
 Virginia Whooley, M.S.W.
 *Bernice Williams, L.P.N.
 Ann Winton, Ph.D. Cand.
 Barry Zitin, M.D.
 Fran Rodgers
 Kathy Scott
 Art Barsky, M.D.

3. The objectives of the Health Center as developed by staff shortly after opening in 1968 are:

- (1) Make health care accessible to the people;
- (2) To provide a range of services or programs sufficient to meet the health needs of the population;
- (3) To make those services of the highest quality possible;
- (4) To accomplish these goals while maintaining or decreasing the cost of health care;
- (5) To accomplish all of the above by improving the efficiency, effectiveness, and distribution of health manpower.

The Community Mental Health Services function as an integral part of the health center to achieve the preceding goals in addition to providing the five basic services as delineated in the 1963 Community Mental Health Services Act. The following services are either provided at Bunker Hill Health Center or in close collaboration with another part of the MGH or Erich Lindemann Mental Health Center systems.

- (1) Outpatient services - Bunker Hill Health Center
- (2) Partial hospitalization - Day Treatment
- (3) Inpatient - Erich Lindemann Mental Health Center and MGH
- (4) Emergency services - Bunker Hill Health Center during operating hours and the Acute Psychiatric Service (MGH) when closed.
- (5) Consultation/education - Bunker Hill Health Center.

Objectives are evaluated through formal and informal methods. All patient encounter are recorded and computerized which results in a quarterly report providing feedback on type of services delivered, patient diagnosis, patient problem, etc. An extensive system of supervision, case conferences, and seminars (see Appendix A) has been developed to offer forums for continuous feedback and evaluation.

4. Patients are assigned to staff and trainees according to their expertise and interests through a team approach. There is an emphasis on promoting the mental health generalist which is accomplished through joint multi-disciplined training. There is also a focus on exposure to the five previously mentioned components of the service. The major mechanisms for examining quality of care have been staff meeting discussion and computer data. Program aspects stated for improvement in 1974-75 include:

- (1) To increase the use of alternate forms of treatments from long-term individual therapy to brief therapy, groups, family and couples therapy and to sharpen skills in child evaluation, and develop standardized procedures through a multidiscipline team.
- (2) To focus consultation efforts within the health center rather than expanding community outreach and consultation programs.
- (3) To utilize data more effectively to evaluate mental health services for planning purposes and publication.

The specific role of the nurse is exemplified in the job description of the head nurse, Chris Goetz, R.N. (see Appendix B).

5. The unit in which nursing students will have the greatest involvement is day treatment. There are twenty six chronic psychiatric patients in a two day a week milieu therapy program. Staff also work with this population other days through groups which meet in other community agencies, home visits which include family members, and crisis intervention as needed. Nursing personnel in the day treatment program include: Chris Goetz, R.N., Bernice Williams, L.P.N., and Pat Warsaw, R.N. (consultant from Lindemann). Evening and night coverage is provided through the Acute Psychiatric Service and Lindemann Mental Health Center.

Nursing students are also involved for lesser amounts of time in other aspects of the program such as intake, medication group, childrens groups. They function under the immediate supervision of Susan McPherson, MGH School of Nursing Instructor and work with the total staff as listed under Section 2.

6. Other non-nursing personnel involved in the day treatment unit include:

Tessa Dunning - occupational therapist
Adeliade Smith - social worker
Ray Austin - attendant
Robert Schueller - rehabilitation counselor

Proposed CMH/SS BHHC Training Conferences
1974 - 1975

Day and Time	Meeting	Focus	For Whom	Run By
Monday 12 - 1	Adult Conference	Problem adult cases- focus on other modalities than individual treatment	Staff and trainees	A. Jacobson L. Wasserman
Tuesday 9 - 10	Brief Family/Couples Therapy Supervision	Didactic session	Staff	P. Esmiol
Tuesday 10 - 11	Group Supervision	Supervision of all types of groups	Primarily staff	P. Esmiol
Wednesday 11 - 12	Mental Health Consultation	Supervision of consultation	New consultants (trainees or staff)	B. Burns
Thursday 8 - 9	Child Evaluation	Child Psychopathology + child treatment - didactic	Staff, trainees and BHHC staff working with children	H. Herzan
Thursday 12:30 - 2	Play Therapy Supervision	Group supervision	Trainees	H. Herzan
Friday 10 - 11	Intake Conference	First six months - prob- lems in evaluation; second six months - treatment issues	Trainees and intake workers	A. Jacobson or H. Sikkema

* Appendix A

*Appendix B

May 10, 1974

Mrs. Christine Goetz
52A Cummings Road
Brighton, Massachusetts

Dear Mrs. Goetz:

This letter confirms your appointment as a courtesy staff member of the Department of Nursing at the Massachusetts General Hospital assigned to the Bunker Hill Health Center of the hospital located at 73 High Street, Charlestown, Massachusetts. The Bunker Hill Health Center will expect you to begin your work with us part time on Monday, May 13, 1974 and full time on May 20, 1974. This appointment will be reviewed in six months, in May of 1975, and annually thereafter.

It will be understood by all parties to this arrangement (Lindemann Mental Health Center, Massachusetts General Hospital Department of Nursing, Bunker Hill Health Center) that:

- a) You will be an employee of the Lindemann Mental Health Center, paid via their channels, and abiding by their policies re: sick leave, leaves of absence, vacations, holiday, and other fringe benefits;
- b) You will practice nursing according to the policies of the Massachusetts General Hospital and its Department of Nursing.
- c) You will work closely with Dr. Burns and staff. Since there is no on site nursing supervisor at the BHHC at this time, your peer nursing associates at the Center will be your immediate nursing counselors. I will be understood to be your line nursing administrator. Business Telephone 726-2680; Home Telephone 924-1575.
- d) You will keep your license to practice nursing current; and its status will be checked on or about your birthday each year.
- e) Quarterly, you will prepare and submit a report of your professional activity to the undersigned in whatever written form you choose. Desirably, this report will contain a statement of your nursing plans for the upcoming quarter. Your first quarterly report will be due September 1, thereafter your due dates will be: January 1, April 1, and June 1, 1975.
- f) Your nursing practice will be audited in the same manner as all Nursing practice at MGH (requirement of the Joint Commission on Accreditation).
- g) Your appointment is subject to termination for due cause.

It is understood that what follows is a beginning statement of your professional work at BHHC and that the growth of your position will be planned by Drs. Jacobson and Burns, Miss Petrick and myself with you as the months of your association with us progress.

-con't-

- 1) Director of the Day Treatment Program in its several locations including the supervision of the work of the Licensed Practical Nurse, Mrs. Williams.
- 2) Community Mental Health Unit Intake work -- under supervision until Dr. Burns believes you are ready for independent Intake activity.
- 3) Coordinator of psychiatric patient care services, for those patients and families being followed by the VNA.
- 4) Nursing Representative from the Community Mental Health Unit to the Nursing Staff at BHHC.
- 5) Cooperative work in the Interface function as it will undoubtedly be modified with the departure of Miss Tulchin and the unit Social Worker.
- 6) Direct provider of psychiatrically-oriented nursing care to patients presenting to the unit or calling upon the Center for mental health care;
- 7) Program participation and planning with Dr. Burns and staff.

The above services may occur at the BHHC, in patients' homes, in the Day Treatment Center meeting places, in community agencies, schools, and hospitals. Visitation privileges to the in-patient and out-patient areas of the Massachusetts General Hospital, with access to patients' records therein, must be arranged through me. The name of the psychiatric nurse clinician for the Clinics is Merrill Lynn Page, R.N., Tel. 726-2994. You may call upon her at any time when I may not be immediately available.

Your supervision as a new comer to the Community Mental Health Unit will be provided by: Mrs. Petrick, Drs. Jacobson, Hamiol, Burns, Ms. Warshaw according to plans and schedules which they will develop with you.

Nurses and student nurses may not be assigned to work with you or observe with you without my prior knowledge, supervisory nurses from Lindemann Center are exceptions to this rule.

We welcome you to our ranks. We hope that you will find satisfaction in your new opportunities and associations with MCH -- nursing and otherwise.

A reply in writing that you understand and agree to the above will be expected.

Yours sincerely,

Ruth M. Farrissey
EXECUTIVE OFFICER, THE CLINICS;
ASSISTANT DIRECTOR, DEPARTMENT OF NURSING

RMP:mob

cc: MacDonald, R.N., A. Petrick, R.N., B. Burns, Ph.D.

(Tentative) Evaluation to Board of Registration

I. Introduction

In September 1974,

Two additional mental health agencies were utilized on a trial basis for student clinical experience in the course, Mental Health Nursing, for the academic year, 1974-75. A group of students was assigned to each agency for the duration (10 weeks) of the course during each of the four rotations.

The purpose of utilization of these agencies was to enrich the course and student learning by direct contact (both student and instructor) with community mental health practices.

The new agencies used were:

1. Human Resource Institute, 227 Babcock Street, Brookline, Mass. This is a private mental health facility, fully accredited by the Joint Commission of American Hospitals and the Massachusetts Department of Mental Health. Short-term, (therapeutic community) crisis intervention, family-oriented therapy is emphasized. Services are provided in two, thirty-bed in-patient units, an out-patient department and a school (Beacon School) for children with learning disabilities.

Student experience was consistently on one of the in-patient units throughout the year. Four students were assigned to this experience each rotation with one exception; during the third rotation, five students were assigned.

2. Bunker Hill Health Center, 73 High Street, Charlestown, Mass. This agency is a comprehensive neighborhood health center staffed and administered by the Massachusetts General Hospital. The Community Mental Health/Social Service unit where the students were placed, is jointly sponsored by the MGH and the Erich Lindemann Mental Health Center. Services offered by the CMH/SS unit include: (1) crisis intervention, (2) short and long-term individual, group and family therapy on an out-patient basis, (3) school and community group consultation, (4) partial hospitalization (day program) and (5) in-patient hospitalization at Erich Lindemann Health Center.

Three students were assigned to this agency each rotation.

II. Evaluation of Each Agency

A. Bunker Hill Health Center, CMH/SS experience

1. Day Program - Two students were assigned to the day program each rotation. The day program held two mornings (Wednesday and Friday) each week, was attended by 30 clients on Wednesday mornings, 20 clients on Friday mornings. Students were encouraged to participate in all aspects of the program with the exception of two weekly group therapy sessions which were kept strictly private. Students thus participated in community and small group meetings, initiated and/or participated in activities (crafts, trips, picnics, etc.), planned and evaluated each day with the staff and interacted daily with all clients attending the program.

Each student chose two clients with whom she worked intensively during each rotation. The individual work was designed to occur outside of the day program hours in addition to day program hours. Home visits, shopping expeditions, doctor and clinic visits, nursing home visits, and the neighborhood community center visits were all areas where the students worked with their clients. These individual assignments were designed to help the clients strengthen social bonds with others in their community, to develop survival skills (learning how to cook, make a budget, run a coin-op washing machine) to develop leisure time activities and to obtain necessary services (health, financial, etc.). If their client had family members living in or near Charlestown, the student had the opportunity to meet them through home visiting.

2. The third student role (later known as "Independent Role") took longer to develop and was difficult to arrange. Each student who experienced that role expanded and enriched the position to its current development. Some of the experiences have remained consistent throughout the four rotations while other experiences have changed.

Each rotation the student has:

- a. Functioned as the leader of a weekly waiting room group. The clients in this group came in during this 2½-hour period for a brief medication review with a psychiatrist. The group experience was designed to provide an opportunity for the client (1) to have increased contact with a mental health staff member in addition to his brief medication review and (2) to provide a warm and accepting climate in which individuals have an opportunity to practice and develop social skills.
- b. The student established, maintained and terminated a relationship with at least one client. The clients were individuals needing intervention consisting of concrete social services, supportive emotional care and were essentially home bound.
- c. The student spent one morning as a participant-observer in the day program.

The following experiences were not available or utilized (depending on timing and need) each rotation, but when utilized, were a continuous experience for a full rotation. In one rotation only one of these additional experiences was utilized by the student, while in other rotations, more than one was utilized.

- a. After School Program at the Kent Elementary School - This was a daily program held after school for mentally retarded and emotionally disturbed adolescents and young adults. The student attended one afternoon per week, participating as an assistant to the group leader. Crafts, games, special projects and rap sessions were available in an open, accepting milieu. Students worked with individual clients and made home visits.
- b. The student participated as a recorder in a latency-age girls' group. Meetings were held weekly for 2 hours. The student recorded group content and process and then discussed observations with the group leader at the end of each meeting.

- c. The student participated as an assistant to a leader of a Girl Scout troop. The girls in the troop came from difficult and deprived home situations and were early adolescent in age. The student led discussions in body health, with particular emphasis on sexuality as well as lead various craft activities that both girls and leader had not been able to do previously. This experience was rich with opportunities to observe group interaction, leader behavior and to experience reality of leading a group.
3. Additional experiences in which all three students participated
 - a. Health Center weekly staff meetings
 1. intake problem-oriented meetings
 2. adult client problem-oriented meetings
 3. group dynamics seminar - direct supervision for staff and students leading and participating in groups
 4. multi-disciplinary total health center meetings - all health center staff meet to discuss problem families using multiple services of the health center
 - b. Observation of Intake Interviews - The instructor participated as an intake interviewer one day each week. Students observed interviews and occasionally assisted in interview or in follow-up intervention. (Clients for independent students were identified by instructor through intake interviews.)
 - c. During the last rotation the instructor was able to arrange a one-week observation experience on the in-patient unit at the Erich Lindemann Mental Health Center. Prior to that rotation this experience was an impossibility due to the large number of nursing students from other schools using that facility. During other rotations students have sporadically been able to visit a patient from Charlestown there or to attend a meeting, but the experience has not been available consistently or for each student.
 4. Positive contributions and practical difficulties
 - a. The use of this agency has enriched the Mental Health Nursing course through the day to day contact of instructor and students with community mental health practices. These practices offer two dimensions to our learning:
 1. Some are consistent with practices experienced in the two other clinical agencies utilized in our course and
 2. Some are very different and therefore broaden our consciousness and, as a result, our spectrum of nursing interventions.

Participation by the instructor in intake interviewing and short-term, crisis intervention has been particularly advantageous. This experience has facilitated integration into health center milieu and therefore was a vehicle for identifying student learning experience. The instructor's learning through this practice enhanced her knowledge as a teacher, and the intake interview itself offered consistent learning experiences for students.

Please add the following sentence to the (Tentative) Evaluation to Board of Registration on page 4 at the top before item (a):

There have been some practical difficulties which deserve mention:

a. The independent...

JUN 19 1975

- a. The independent student role has been a lonely position. Learning experiences have varied somewhat from rotation to rotation, but each student has been able to meet course objectives quite adequately. A more structured program for this position would decrease the feeling of isolation and provide consistency of experiences.
- b. The short-term nature of each rotation limits the availability of individual clients for the student in the independent role. Constant vigilance by the instructor is necessary in identifying appropriate clients with short-term needs. Both staff and instructor with a year of experience behind them are now better informed for identifying such clients. Attendance at intake disposition conferences by instructor and students is the best way to communicate needs and to identify appropriate clients.
- c. The out-patient programing with its seasonal fluctuations presented some difficulty in the beginning of the summer, 1975. Programming begins in September, runs full force throughout the fall, winter and spring and then diminishes significantly by June. Groups end, people go away on vacation and experiences formerly available for student observation and participation are nonexistent. The day program does not fluctuate in this manner. The independent student role is the one affected. More structured programing for this role can eliminate this problem.

III. General issues affecting total course and instructors:

The use of these two additional agencies affected the course positively; it also brought some difficulties.

A. Positive effects:

1. New small group teaching techniques were initiated. There were four groups each rotation composed of 6 to 8 students, led by one of the full-time instructors. The group was comprised of students from each clinical assignment, including each hall used at McLean Hospital. Therefore, each student had a different clinical experience. These groups met for six sessions periodically during the rotation to discuss specific mental health concepts as they were observed and experienced in the varied settings. The purpose of these groups was to integrate learning experiences and to provide a small group setting to facilitate individual student participation.

These integrated groups were quite successful and particularly enjoyable teaching experience for faculty.

2. The use of additional agencies has increased awareness and knowledge of mental health practices without a doubt. Direct contact with different approaches provides credibility to other wise abstract ideas.
3. The increased integration of community mental health concepts in the teaching/learning situation has been a third positive outcome. While there is still plenty of room for more integration, the experiences this year have enhanced our program.

B. Difficulties experienced:

1. The faculty group increased from four to five. The fifth person was hired for 3 days clinical instruction only. With faculty in three separate locations, plus one faculty person present only 3/5 time, effective communication was very difficult. At midyear the part-time instructor resigned for family reasons and a new part-time instructor was hired. This change contributed to further communication complications.

With these changes and separations, the faculty has experienced some loss of cohesion, which is difficult to recover. Meeting times have increased, individual communication has increased, resulting in improvement. However, communication and cohesion remains a problem requiring constant attention.

2. Another area of difficulty has been the unequal distribution of students among faculty. Due to agency restrictions, the number of students per instructor in the new agencies was smaller than the student-instructor ratio at McLean Hospital. This distribution was accepted by the faculty group who planned these experiences last summer 1974 (because they felt it was a commitment they could make in order to begin to meet their objectives.) As some of the membership of the faculty group changed for the year, 1974-75, reactions for this arrangement were different.

Faculty have felt the distribution unfair. As numbers were set in each agency, there was no possibility for change this year. In planning for the future, a more equal distribution of responsibilities must be made.

IV. Recommendations for Future Use

In general, student experiences in both agencies have been more than satisfactory. Problems encountered in obtaining optimum student experience throughout the year have been workable and possible to resolve.

The more difficult problems have occurred in inter-faculty and in inter-agency (Human Resource Institute) conflicts.

Another realistic concern is financial. The fifth part-time instructor this year was funded by capitation funds. At this point we do not know if those funds will be available for the next academic year. Absence of this position severely limits the ability of MHN faculty to continue to utilize these agencies.

The program for students initiated at the BHHC this year has a solid base from which to grow and a rich potential for facilitating integration of mental health concepts. The staff of the agency has been most receptive and encouraging and wishes to continue to provide clinical experience for this course. In order to continue to provide quality comprehensive experiences and broadly based theoretical concepts in this course, the continued use of this clinical facility is recommended (provided of course that adequate faculty supervision and participation are available).

Susan McPherson
Chairman, Mental Health Nursing

N. Fitzgerald
2
fill
up

3158

August 5, 1975

→ Dr. Barbara Burns, Director
Community Mental Health/Social Service
Bunker Hill Health Center
Charlestown, MA 02129

Dear Dr. Burns:

As the school year 1974-1975 has come to an end, I write to express my thanks to you and the staff for your cooperation and support to our students and teachers, especially Susan McPherson, in the course, Mental Health Nursing.

This new experience in the community broadened and deepened insight and understanding as students shared with each other.

From uncertainty about funding and consequent limitation of the number of teachers in the year ahead, we must discontinue similar use of the Bunker Hill Center in this course in 1975-1976. We do hope, however, to continue cooperation in a more restricted way, perhaps by occasional observation or field trips. I know that Mrs. McPherson discussed this with you before she left.

Mrs. Tanya Ratney who succeeds her as chairman may make specific requests.

In the meantime, we are all grateful for the valuable contributions of the Center to our program.

Sincerely yours,

Helen Sherwin
Coordinator of Science Instruction
and of Mental Health Nursing

HS:pg

Handwritten notes and signatures at the top left of the page.

3158

August 5, 1975

Dr. Barbara Burns, Director
Community Mental Health/Social Services
Bunker Hill Health Center
Charlestown, MA 02129

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Mrs. Tanya Ratney who succeeds her as chairman may make specific requests.

In the meantime, we are all grateful for the valuable contributions of the Center to our program.

Sincerely yours,

Heleen Sherwin
Coordinator of Science Instruction
and of Mental Health Nursing

HS:ps

N. Fitzgerald

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

Minutes of Meeting Representatives of Human Resource Institute and of
Massachusetts General Hospital School of Nursing

Date: Friday, July 19, 1974

Hour: 11 to 12:15 noon

Place: Human Resource Institute, 227 Babcock St., Brookline, Mass., 3rd floor

Present: Dr. Bernard Levy, Director; Mr. Richard Sarle, Administrator; Helen Tavares, Director of Nurses; Patricia Powers, Head Nurse--all of HRI; Susan McPherson, Helen Sherwin, Richard Tierney, all of MGH

Purpose of the meeting:

1. Generally to become acquainted with personnel and the facilities to be used by an MGH instructor and four students.
2. To confirm the general agreement for use of a floor of HRI for four students.
3. To discuss the proposed tentative contract for next year.
4. To clarify other matters.

This was a pleasant meeting which accomplished the planned purposes. Dr. Levy welcomed the MGH faculty; Mrs. Powers and Mrs. McPherson have both taught at Boston University; Mrs. Powers had had some volunteer experience at MGH. Maureen Heafey will be the MGH instructor assigned to this facility.

Mrs. Powers asked whether that might be some learning experiences available (in the Staff Education program of the MGH Nursing Department) to her staff. Mr. Tierney will consult with Mary Regan and report back to Mrs. Powers. (He explained that space is sharply restricted and that the School of Nursing faculty have often been unable to secure permission to attend.)

Dr. Levy suggested other learning experiences available to students of possible interest in the future.

Dr. Levy and Mr. Sarle read the tentative contract (identical with the one the school of nursing has with McLean) which Miss Sherwin had brought with her. With several slight modifications appropriate to the situation at the Human Resource Institute, Mr. Sarle had this retyped by the end of the visit.

Miss Tavares piloted the visitors around the third floor, after which they were served luncheon.

Respectfully submitted,

Helen Sherwin
Acting Secretary

Statement of Agreement

Between

Human Resource Institute

and

Massachusetts General Hospital

Boston, Massachusetts

The Human Resource Institute and Massachusetts General Hospital herewith enter into the following agreements relating to the diploma nursing program the Massachusetts General Hospital is sponsoring:

1. The Human Resource Institute shall make available to the students selected clinical facilities, including the Hospital libraries, classrooms and conference rooms, on a space available basis, to be used for educational purposes. The time periods for orientation and clinical experience during the school year 1974-1975 are as follows:

September 3, 1974-November 8, 1974; November 18, 1974-December 20, 1974 and January 6, 1975-February 7, 1975;
February 17, 1975-April 25, 1975; May 5, 1975-July 11, 1975
2. The Massachusetts General Hospital (henceforth referred to as the home hospital) shall assume the responsibility of providing a competent instructor who shall be a well-qualified, registered professional nurse. The ratio of instructor to students shall be approximately one instructor to every four or five students. The home hospital shall also assume the responsibility and supervision for classroom and clinical experiences of the nursing students, augmented by such lectures and demonstrations, if any, as can be arranged by the instructors with professional personnel associated with the Human Resource Institute.
3. Prior to the educational experience, and continuous with it, there shall be close planning between the appropriate nursing staff of the Human Resource Institute and the instructor of the home school. Conferences shall be arranged, as necessary, for evaluating the learning experiences.
4. The Human Resource Institute agrees to provide space for the instructor and a suitable coat closet for the use of the students. The Human Resource Institute also agrees to permit the instructor and students to consume one meal per work day on the ward at no charge.
5. In emergency health situations the Human Resource Institute shall provide immediate care. The Massachusetts General Hospital School of Nursing shall be notified immediately and plans for the transfer of the student to the required facility can be made if necessary.

Statement of Agreement

Between

Human Resource Institute

and

Massachusetts General Hospital

Boston, Massachusetts

The Human Resource Institute and Massachusetts General Hospital hereby enter into the following agreement relating to the diploma nursing program for Massachusetts General Hospital as follows:

1. The Human Resource Institute shall make available to the students selected clinical facilities, including the Hospital libraries, classrooms and conference rooms, on a space available basis, to be used for educational purposes. The time periods for orientation and clinical experience during the school year 1974-1975 are as follows:

September 3, 1974-November 8, 1974; November 11, 1974-December 20, 1974 and January 6, 1975-February 7, 1975; February 17, 1975-April 25, 1975; May 5, 1975-July 11, 1975

2. The Massachusetts General Hospital (hereinafter referred to as the home hospital) shall assume the responsibility of providing a competent instructor who shall be a well-qualified, registered professional nurse. The ratio of instructor to students shall be approximately one instructor to every four or five students. The home hospital shall also assume the responsibility and supervision for classroom and clinical experiences of the nursing students, augmented by such lectures and demonstrations, if any, as can be arranged by the instructor with professional personnel associated with the Human Resource Institute.

3. Prior to the educational experience, and continuous with it, there shall be close planning between the appropriate nursing staff of the Human Resource Institute and the instructor of the home school. Conferences shall be arranged, as necessary, for evaluating the learning experiences.

4. The Human Resource Institute agrees to provide space for the instructor and a suitable camp closer for the use of the students. The Human Resource Institute also agrees to permit the instructor and students to consume one meal per work day on the ward at no charge.

5. In emergency health situations the Human Resource Institute shall provide immediate care. The Massachusetts General Hospital School of Nursing shall be notified immediately and plans for the transfer of the student to the required facility can be made if necessary.

2 copies
for [illegible]
[illegible]

6. Agreements between the two aforesaid parties will be jointly planned and renewed annually.
7. Either party may terminate the contract upon mutual agreement in writing. Six months' notice also will be given, in writing, for any major changes in the agreement.

Date August 17, 1974

Massachusetts General Hospital

By Charles A. [illegible]

Title General Director

Human Resource Institute

By Bernard Levy MD

Title Medical Director

Kathleen Petzold, R.N.
Director of the School of Nursing
Massachusetts General Hospital
Boston, Massachusetts

Dear Ms. Petzold:

We are very happy to have the 1974 students and hope we provide them with a good experience in practicing and psychiatry.

If I can be of any further help please feel free to call upon me.

kindest regards,

Sincerely yours,

Bernard Levy, MD

Senior Lecturer, 1973-74

SLP



HUMAN RESOURCE INSTITUTE OF BOSTON

227 BABCOCK STREET, BROOKLINE, MASSACHUSETTS 02146 (617) 734-5930

August 19, 1974

Handwritten notes:
✓
? capital
agreement
to RT + HS?

DIRECTORS

Bernard Levy, M.D.
Medical Director
Bernard Gray, Ph.D.
Director of Out-Patient Services
C. Keith Conners, Ph.D.
Director of Children's Services
Virginia Ladendorf, M.D.
Associate Medical Director
Semon M. Lilienfeld, M.D.
Associate Medical Director
Jerrold G. Bernstein, M.D.
Associate Medical Director
John J. Fitzpatrick, M.S.W.
Assistant-Out-Patient Services

AUG 21 1974

Natalie Petzold, R.N.
Director of the School of Nursing
Massachusetts General Hospital
Boston, Massachusetts 02114

Dear Ms. Petzold:

We are very happy to have the MGH students and hope we provide them with a good experience in medicine and psychiatry.

If I can be of any further help please feel free to call upon me.

Kindest regards.

Sincerely yours,

Handwritten signature: Bernard Levy, MD

Bernard Levy, M.D. *QB*

BL;jb

July 8, 1975

Miss Helen Tavares
Director of Nursing
Human Resource Institute
227 Babcock Street
Brookline, Mass. 02146

Dear Miss Tavares:

With our current school year about to end, I write to express my appreciation and that of our faculty for the hospitality you have extended to this program and its course in Mental Health Nursing.

With your staff, you and Dr. Levy have been very helpful. The students and Miss Heafey, their teacher, have found at Human Resource Institute a challenging, intensive, and useful experience, which has enriched not only that teacher and the students assigned there for ten-week periods since September 1974, but also the other students and teachers in the course. They have pooled and compared experiences; the sharing has deepened insights and awareness.

In view of our uncertainties about funding, our decision not to use Human Resource Institute next year is realistic. But we leave with real regret, gratitude, and thanks. It is pleasant to learn that the door may be open if later conditions suggest a request to return.

Sincerely yours,

Natalie Petzold, R.N.
Director of the School of Nursing

NP:pjm

July 8, 1975

Miss Helen Tavares
Director of Nursing
Human Resource Institute
127 Babcock Street
Brookline, Mass. 02116

Dear Miss Tavares:

With our current school year about to end, I write to express my appreciation and that of our faculty for the hospitality you have extended to this program and its course in Mental Health Nursing.

With your staff, you and Dr. Lavy have been very helpful. The students and Miss Henley, their teacher, have found at Human Resource Institute a challenging, instructive, and useful experience, which has enriched not only that teacher and the students assigned there for ten-week periods since September 1974, but also the other students and teachers in the course. They have pooled and compared experiences; the sharing has deepened insights and awareness.

In view of our uncertainties about funding, our decision not to use Human Resource Institute next year is tentative. But we leave with real regret, gratitude, and thanks. It is pleasant to learn that the door may be open if later conditions suggest a request to return.

Sincerely yours,

Natalia Petroski, R.N.
Director of the School of Nursing

HP:pjs

April 5, 1974

Miss Cellestrina DiMaggio, Chairman
Board of Registration in Nursing
100 Cambridge Street
Boston, MA 02114

Dear Miss DiMaggio:

I write to ask the approval of the Board to a substitute clinical experience for one of our students, Ann Verb, in Mental Health Nursing.

She found on her second day at McLean Hospital that for various personal reasons she could not accept the premises on which she perceived care there to be based. I promptly placed her on permanent leave of absence from that clinical assignment, a matter of form since both she and McLean had already refused her further participation there. She is a mature student with a background of several successful college years, including many courses in normal and abnormal psychology.

After several conferences with her, we suggested that she explore the community for substitute clinical experience and submit a written proposal to me. She has made a thorough search for more than a month, made a number of field trips and interviews, and learned a lot about the community from this independent investigation and ongoing conferences with her instructor. She decided finally that Project Place, 31½ Dwight Street, South End, was her choice, and persuaded the staff to permit her to work there two evenings (5 p.m. to midnight) on a trial basis. Since her performance was apparently satisfactory, her instructor and I visited Place House with her, talked with a staff member at length about their objectives, resources and ours, and attended for an hour the House Roll Call, a conference of day and evening staff members. I was most favorably impressed by what I saw and heard.

From reading and from talking with others professionally acquainted with Place House, I understand that this agency has an excellent professional reputation. Our instructors in Mental Health Nursing have long regarded community mental health centers desirable for experience, not merely for observation, by our students, and believe wholeheartedly that this is a realistic and desirable proposal, consistent with the course objectives.

A transition in the program of the house necessitates its temporary closing for one month to permit development of plans for two houses. She has the opportunity to be involved in the planning. She has already spent about 40 hours there, to avoid loss of further time, with the explicit understanding that we must obtain the approval of the Board of Registration. She has continued to attend classes here.

She estimates that, at the rate of 24 hours/week plus meetings, her involvement would extend into July. We have carefully not fixed a precise date. The number of hours would be comparable to those she would have had at McLean, to meet the objectives of the course.

She will continue to meet with Mrs. Crouse, our instructor, once a week, to confer about her experiences. Mrs. Crouse will keep in touch with Place House supervisor.

I enclose a xeroxed copy of her four-page detailed proposal submitted to me this morning. Initiative and purpose seem to me to have rescued her from a difficult situation and contributed already to her growth. I hope the Board will agree.

Sincerely yours,

Helen Sherwin
Coordinator of Science Instruction
and of Mental Health Nursing

HS:pp

Enclosure

From Ann Verb, student
Massachusetts General Hospital School of Nursing

Place House is a residential facility for runaways between twelve and eighteen years of age. Established in 1968, Project Place has established working alliances and interreferral networks with a plethora of facilities (Division of Youth Services, Division of Child Guidance, Boston Children's Service Association, Dare House, Bridge Over Troubled Waters, etc.) in Boston created through the needs of people this age.

The people who come (voluntarily) to Place House can be considered as either long or short term. Short term or casual runaways do not present an intense crisis situation, but rather, need a place to "crash" for several days. Long term runaways tend to come in crisis from untenable home situations (approximately 70% do not live with both parents). Approximately 60% are already known to Division of Youth Services or Division of Child Guidance, 70% have a history of court involvement, with approximately 40% awaiting court appearance, and about 75% have had experience with drugs. For over 40%, drugs are of major importance.

As the Place House population (average 15) gradually changed from predominantly short to long term clients, the need for two houses, one for short term (two weeks) and one for more intricate problems (six months) became apparent. Funding has been supplied and the nativity of two new houses is imminent (April 15--May 15). I will be able to participate in the planning

and development of the long term program in which I will work.

I suggest that I will be able to meet the clinical objectives for Mental Health Nursing as well as gain a wealth of experience in working with community youth agencies and in health teaching, especially in sex-related areas. I plan to work three 5-12 shifts each week and attend a weekly two hour House Roll Call meeting during which each resident is discussed, a two hour weekly night staff meeting during which residents, night staff approaches to them, and problems are discussed, and a two hour weekly House meeting for all residents and night staff, supplemented with a psychiatrist wherein are discussed individual or general group problems, e.g. scapegoating, limit and rule setting, group dynamics, resident-counselor relationships, surrogate parents, dependency, acting-out, etc.

I estimate my time expenditure during forty hours as follows:

5 hours---intake of new residents and initial contact of
parents

5 hours---telephone--talking with parents, prospective run-
aways, former residents, parents looking for miss-
ing children, social agency contacts

6 hours--- immediate crisis intervention, e.g. bad trips,
conflicts between residents, behavior that disturbs

group

2 hours--- House meeting

5 hours--- one-to-one counseling

2 hours--- dinner preparation

5 hours--- general talk

5 hours--- activities: games, movies, light role playing

3 hours--- interaction with neighborhood people and former residents

2 hours--- miscellaneous: police, impromptu family conferances

I anticipate many changes in my role when the new house opens, e.g. as the new program will be strictly serving long term people, there will be less time spent on intakes and placement conferances, and more on activities and one-to one dialogue.

I anticipate working a minimum of 160 hours (not counting meetings) but the duration of my experience and the amount of time needed to fulfill the criteria will remain indeterminate due to the nature of the experience and the one month house closing. I would estimate that my involvement will extend into July. My planned schedule will not interfere with future time demands of my coming rotations.

The full-time paid staff is heterogeneous, some with multiple degrees, some with experience in street-working or related programs. The volunteer staff comes from Antioch, Beloit, Kalamazoo, Boston Theological Seminary, the Phoenix and Real papers, etc.

I have been assigned one supervisor and will meet with her weekly to explore my interactions. There are to be provided several training sessions covering history of Place and its sister programs (Switchboard, REACH, the Van, and New Community Projects), rules, role of a counselor, intakes, interviewing, community resources, black-white and community issues, use of groups, drugs, suicides, and other crises. I will be meeting weekly with Pat Crouse and my supervisor at Place will be exchanging^{ing} with Mrs. Crouse information as to my fulfillment of the course criteria.

I wholly appreciate your time, consideration and this opportunity to immeasurably enhance my growth and learning.

Most sincerely,
Ann Verb

April 5, 1974

Steve Struven, R.N.

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Relationships with Academic & Clinical Institutions

I School of Nursing

